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ABSTRACT

Current psychotherapy research emphasizes the interrelationships of process variables and outcomes to predict success. A methodology was developed for studying the variables of client problems, therapist qualities, and methods in relation to client satisfaction. To assess clients' experiences, expectations, and therapy perceptions, questionnaires covering problems, therapist characteristics, methods, satisfaction, and identifying information were administered to 151 mental health clinic clients at a large university. Responses were obtained at pre-treatment, post-third-therapy session and post-treatment points. Descriptive statistics, factor analyses, and correlations were computed. Although factor analyses identified reliable and interpretable dimensions of expectations and perceptions of therapy and therapist, only two categories of variables were related to satisfaction and posttest reports of work on intrapersonal, interpersonal, and stress-related physical problems. The total number of significant correlations with post-test satisfaction did not exceed that expected by change. (Author)

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# Factors Associated With Satisfaction In Psychotherapy

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## Factors Associated With Satisfaction In Psychotherapy

Attempts to measure the outcomes and explore the processes of psychotherapy have been made for decades, and there is a continuing interest in clarifying the events associated with therapy. In a report of the June, 1977, meeting of the Society of Psychotherapy Research (Albin, 1977), several questions were raised: What is the relationship between treatment and outcome? What are the predictors of success? What really goes on in psychotherapy?

Albin (1977) reviewed the above-mentioned conference, and in particular, three reports of recent research. One of the reporters was Hans Strupp, a major contributor to psychotherapy research, who described his current project as unique in its collection of both process and outcome data and stressed the value of such comprehensive data. In another conference report, since published separately, Beverly Gomes-Schwartz looked at the link between theoretical orientation of the therapist and process variables and found that the only predictor of outcome was the "clients' willingness and ability to actively participate in the therapy" (Albin, 1977, p. 11, and Gomes-Schwartz, 1978), regardless of therapist orientation. In a third report, Lestor Luborsky used multivariate techniques to try to predict outcomes from patient, therapist, and observer measures. Although 60% of the patients reported improvement, none of the other variables predicted outcome. Luborsky proposed that perhaps the therapist's "clinical impression" when therapy started was as good a predictor as anything. Another

conference participator, Gerald Davison, strongly urged research on the matching of specific problems and techniques rather than on outcome. He saw a need to specify what actually goes on in different kinds of psychotherapy and to clarify the independent variables in the therapy process.

In earlier reviews of the state of psychotherapy research, Strupp and Bergin (1969) and Strupp (1972) did attempt to rephrase the old question of therapy effectiveness to ask what specific therapeutic interventions produce changes in specific patients under specific conditions? They as well as others (e.g., Goldstein & Stein, 1976; and Kaufman, Delange, & Selfridge, 1977) emphasized the need to examine therapist, patient, and interaction variables, and to isolate within these categories single variables such as therapist personality, techniques, patient symptoms, patient openness to therapeutic influence, in order to begin to provide evidence that different types of patients or symptoms might be differentially responsive to different types of therapy. Strupp and Bergin (1969) also mentioned values, perceptions of patient-therapist similarity or compatibility, agreement on the aims and methods of help, and expectations of therapy and therapist as potentially important variables in the study of psychotherapy. The view Strupp and Bergin espoused was that therapeutic change was multifactorial.

One of the variables which may potentially affect both process and outcome in psychotherapy is expectations. It has long been known that expectations affect one's own and others' perceptions

and behavior in any situation (Goldstein, 1962). Individuals, then, may be expected to enter into psychotherapy with expectancies or "sets" that influence their perceptions of the experience. Clients may experience therapy in idiosyncratic ways, depending in part on their previous experiences, needs, and expectations. They may experience confirmation of their expectations, or they may encounter events very different from their anticipations. They may feel relief, pleasure, shock, tension, or other reactions to the way in which their expectations are met, which may in turn affect the therapeutic relationship, the therapist's expectations, or other process variables, all of which may finally affect outcomes (Goldstein, 1962; Gomes-Schwartz, 1978).

Kaufman, Delange, and Selfridge (1977) recently concluded that there is increasing concern with experimental investigations of both process and outcome variables in psychotherapy. However, they quoted Fiske, Luborsky, Parfoff, Hunt, Oren, Reiser, and Tuma (1970) in their characterization of research in this area: "We have little systematic experimental knowledge of psychotherapy, of its effectiveness, and of the factors facilitating its effects" (p. 286).

In order to begin to answer the question raised by Strupp and others of what specific therapeutic interventions produce changes in specific individuals under specific conditions, it is necessary to identify the variables involved. A person's expectations of therapy and therapist, including an openness to psychotherapy, have been identified by some theorists as important variables.

Therapist personality characteristics have also been suggested as key variables. Client symptoms, types, or problems have also been proposed, as have therapy techniques and client-therapist similarity.

In the present study, several questionnaires were used to explore both therapy processes and outcomes for college student clients of a campus mental health clinic by examining (a) client expectations in the areas of initial problems, therapist characteristics, therapy methods, duration and frequency of therapy; (b) client perceptions in the areas of specific problems addressed in therapy, therapist characteristics, therapy methods; and (c) the relationship of these variables to client satisfaction.

The primary purpose of the present research was to examine relationships between the above dimensions and clients' pre-therapy expectations and post-therapy perceptions of success of therapy. It should be noted that the data reported in this study were collected as part of an ongoing research program concerned with laying the groundwork for a multivariate approach to the analysis of psychotherapy.

## Method

### Participants and Procedure

The study was conducted at a large midwestern university during the 1976-77 school year (September to May). Out of 358 clients seeking treatment from psychologists at the Mental Health Clinic of the University Health Service during that year, 151 (42%) agreed to respond to a set of questionnaires. (An additional 61

clients saw the part-time psychiatrist and were not asked to participate.)

An attempt was made to have the clients fill out the questionnaires before seeing a therapist and 112 (74%) of the 151 did so. Of these, 13 (9%) were people who had been seen at the Mental Health Clinic in the past ("old clients"). Twenty-five others (17%) responded to the initial set of questionnaires after their first session with a therapist (of whom 9 or 6% were old clients) and 9 (6%) responded at a later time. Five of the 151 clients (3%) responded to later questionnaires though not to the "pretest" set. The questionnaires were administered in the Clinic secretary's office or a nearby room. No client or person interested in service from the Clinic was denied service on the basis of questionnaire responses or refusal to participate in the study.

Only clients in individual treatment were followed in the study. Of the 151 initial participants, 126 (83%) continued in individual treatment and responded to at least one post-session set of questionnaires, and 68 (45%) remained in individual treatment for at least 3 sessions and continued to respond to the post-session questionnaires. Nineteen of the 68 stopped participating in the study at that point, and their third-session responses were also recorded as their final post-session responses. Sixty-seven (44%) of the original 151 participants responded to their final post-session questionnaire immediately after their terminating session; another 68 (45%) at some point dropped out of the study but did continue in individual therapy; 6 others (4%) continued

in group therapy, and no longer participated in the study; and 6 others (4%) continued in both individual and group therapy but not in the study.

Eight therapists also participated in the study (the entire staff of therapists). Two were full-time psychologists on the staff. Four were students in the university's APA-approved clinical psychology graduate program and were graduate assistants on the Clinic staff, hired to provide 10 hours of service per week. The remaining two were volunteer interns from the Community Mental Health master's degree program at the university.

The Questionnaires

Four basic instruments were used to assess client expectations of therapy and therapist. Forms of the same instruments were also used to assess client perceptions of therapy and the therapist.

1. Problem Sheet: A 104-item list of problems was developed from the Clinic file of intake cards. The file contained a complete record of clients' initial statements of problems for the 7 years that the Clinic had existed. Only statements of military draft problems were eliminated from the final problem list employed in the present study. An additional item (number 105) was provided for clients to fill in and rate relevant problems not among the original 104. This instrument yielded pretest information about client problems and repeated measures of ongoing therapy work. At the initial testing, clients were instructed to rate each of the 104 problems on a 5-point scale, from 1 (Big Problem) to 5 (Not a Problem). The same instrument was used as a checklist after each

therapy session, including the third session, with clients checking each problem worked on in that session.

2. Therapist Characteristics (TC): A 51-item list of possible therapist characteristics was developed by two experienced staff therapists to yield pretest information about expected characteristics of therapists and later (post-third-therapy session) information about client perceptions of the therapist's characteristics. At the initial testing, clients were instructed to rate each characteristic twice (on a 5-point scale), with respect to the expected likelihood (TCL) from 1 (Very Likely) to 5 (Very Unlikely), and the expected helpfulness (TCH), from 1 (Very Helpful) to 5 (Very Unhelpful). The same instrument was used after the client's third therapy session, when clients were to rate each characteristic twice (on a 5-point scale), in terms of its perceived frequency (Very Frequent to Very Infrequent) and then its perceived helpfulness (Very Helpful to Very Unhelpful).

3. Therapy Methods (TM): A 26-item list of possible therapy methods was developed by two experienced staff therapists, to yield information about the expected (pretest) and perceived (post-third-session) likelihood or frequency and helpfulness of various therapy methods or techniques. At the initial testing, clients were instructed to rate each method twice (on a 5-point scale), with respect to the expected likelihood (TML) from 1 (Very Likely) to 5 (Very Unlikely), and the expected helpfulness (TMH) from 1 (Very Helpful) to 5 (Very Unhelpful). The same instrument was used after the client's third therapy session, when clients were to rate each

method twice (on a 5-point scale) in terms of its perceived frequency (Very Frequent to Very Infrequent) and then its perceived helpfulness (Very Helpful to Very Unhelpful).

4. General Items: This 5-item instrument yielded information about general satisfaction and past experience with mental health services. At the initial testing, clients were asked to rate (on 5-point scales) their expectations of satisfaction (Very Satisfied to Very Dissatisfied), change (Substantial Change in Desired Directions to Substantial Change in Undesired Directions), and recommendation to others (Strongly Recommend to Strongly Discourage) as well as to estimate the number of therapy sessions and period of time they would require at the Clinic. They were also asked to rate their experience with mental health services (on a 5-point scale), from a great deal of experience to no experience. After each session, including the third session, clients again rated the three items of satisfaction, change, and recommendation.

Additional identifying information (i.e., client age, year in school, and sex) was routinely gathered as part of the student's initial contact with the Clinic secretary. The same procedure, including those items, had been used since the Clinic opened several years earlier.

## Results and Discussion

### Identifying Information and Expectations

As presented in Table 1, the mean age of clients participating in the study was slightly over 22, and their college status averaged just under the junior year. As for their previous experience with mental health services, clients reported a mean of 3.5 on a

5-point scale, with 5 representing "no experience." The participants

Insert Tables 1 and 2 about here

tended to underestimate the number of therapy sessions and amount of time they would need at the Clinic, but (as shown in Table 2) also expected to be satisfied, to have changed, and to want to recommend the experience to others. In general, then, pretest expectations were high, anticipating considerable accomplishments in little time.

Table 3 presents the factors that accounted for the most variance in pretest responses to each of the questionnaires. The factor analyses were intended to distill the most important information from an overwhelming number of original item responses (263 on the pretest alone from each of 151 clients), so that correlations between satisfaction and other variables would be limited to a reasonable number and thus be more intelligible. The empirical technique of factor analysis was used to create scores on dimensions that were hypothesized a priori, as will be discussed below.

Insert Table 3 about here

To determine the interrelations among pretest variables for all 151 clients, inter-item correlation matrices were generated for each of the questionnaires except the brief General Items, and each matrix was then factor analyzed using a principal component solution followed by an orthogonal varimax rotation of the factor matrix. For each questionnaire, the percentage of total variance

accounted for by each of the factors thus extracted was plotted on a graph, creating a curve. In accordance with Rummel's discussion of significant factors (1970, p. 364), the point at which there was a discontinuity in the curve was defined as the limit for the number of factors to be extracted in a second and final factor analysis of the same data. The factor analyses resulted in clusters of items that were strongly related to each other and relatively unrelated to items in other clusters. The clusters identified separate dimensions underlying each scale as well as the important items on each dimension.

Initial problem concerns and expectations of therapist characteristics and methods fell along interpretable dimensions. Some of those dimensions had statistical validity from factor analyses of the responses, while others had both statistical and face validity from preliminary inspection of the questionnaire items. While initially it was expected that the factor analyses would result in perhaps four major problem dimensions--intrapersonal, interpersonal, physical stress, and other stress problems--the actual results revealed several more specialized dimensions as well. In addition to the expected general positive, negative, directive, and nondirective dimensions of likely and helpful therapist characteristics, separate dimensions of acceptance and activity were found, plus some surprising opposite extremes on the positive and negative factors themselves. Analyses of the therapy methods questionnaires also turned up both expected and unexpected dimensions, as behavioral, emotional, and support factors emerged, but

so did support vs. psychiatric aid (on the TML scale), analysis vs. consultation (TMC), and support and emotional change (on the TMH scale).

Additional evidence was found for the reliability and validity of questionnaire dimensions. Of 53 correlations between parallel factor scores (e.g., "Interpersonal Problems" at pretest, posttest, and post-third-session), 28 were significant (either positively correlated or, if response scales were reversed, then negatively correlated) at or beyond the .05 level of significance, suggesting test-retest reliability of dimensions over several weeks. Numerous significant intercorrelations of "likely" and "helpful" therapist qualities and of "likely" and "helpful" therapy methods (14 significant correlations of a possible 21; e.g., TCL "Directive" with TCH "Directive vs. nondirective" and TML "Emotional change focus" with TMH "Support and emotional change focus") provided a measure of factor validity.

As indicated by item responses on the Problem Sheet, the problems of most concern to the present sample of clients were those of an intrapersonal and self-identity nature, interpersonal and low self-esteem, stress-related physical symptoms, and academic and work pressures (original item means of 2.0 and 3.05 on a 5-point scale, with 1 being "Big Problem"). On the other hand, most clients were relatively unconcerned about "closet" distress or possible "hysterical" reactions (sample factor items included "Just want to ask some questions" and "Fainting, blackouts"); behavioral and chemical abuse; difficulties in living situation,

with spouse or partner; reactions to other- and self-inflicted harm; and weight-related problems (original item means of 4.5 to 4.96 on the same scale, with 5 being "Not a Problem").

Once factor analyses had been completed, factor scores for each client (on pretest Problem Sheet, and on pretest and post-third-session Therapist Characteristics and Therapy Methods) were computed by converting raw factor item scores into z-scores and computing a mean score for each factor. Each response to the General Items was used as an independent score in all analyses. The direction of the above scores was such that low scores indicated endorsement of the item, while high scores indicated a lack of endorsement.

Post-third-session and posttest Problem Sheet items required simple "Yes/No" responses, which were then summed and averaged for a mean factor score. The direction of these scores was such that high scores indicated endorsement of the item and low scores a lack of endorsement. All factor scores computed for pretest, post-third-session, and posttest, plus responses to identifying information items (e.g., age), were then used for all further analyses.

Relationship of Satisfaction to Other Variables

Although a few significant correlations were found between satisfaction items and other variables, the number of such significant correlations was not more than that expected by chance. Of 621 correlations of pretest, posttest (P/), and post-third-session (P3/) variables with satisfaction items, only 41 were significant at or beyond the .05 level. Despite this view of the results, it

must also be noted that within two categories of variables, there were significantly more correlations than could be expected by chance. As presented in Table 6, posttest satisfaction items exhibited 5 significant correlations with P3/ satisfaction items, including each pair of parallel items (e.g., P/ and P3/Change), indicating some stability of satisfaction over the period of time from a client's third session to his/her final one. Posttest satisfaction was also significantly correlated with posttest problem factors. Nine such correlations showed that work on intrapersonal, interpersonal, and stress-related physical problems was inversely related to posttest satisfaction, so that clients reporting work in those areas also reported lower satisfaction.

Given that any other significant correlations might simply reflect chance fluctuations, those presented in Tables 4, 5, and 6 could suggest additional fruitful areas of exploration. There were moderate intercorrelations of the expectation of satisfaction, change, and wanting to recommend the therapy experience to others (Table 4). Post-third-session (P3/) responses to the three satisfaction items were also moderately intercorrelated (Table 5), but the posttest responses were quite strongly intercorrelated (Table 6).

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Insert Table 4 about here

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As shown in Table 4, expectations of positive therapist characteristics and supportive methods seemed to be associated with the client's expectation of being able to recommend the therapy exper-

ience to others and with later positive perceptions. Clients who reported prior mental health services tended to expect but not necessarily experience greater change and satisfaction. Clients who expected less satisfaction and change tended to be working on interpersonal and self-esteem problems (P3/2) by the third session. Perhaps the low expectation of satisfaction and change here was related more to low expectations of self (low self-esteem) than to expectations about the therapy itself, or perhaps this type of problem appeared more unresolvable to the client. Clients who expected to change tended to want to recommend the therapy experience later (P3/).

Table 5 presents the significant correlations of all variables with P3/ satisfaction items. As indicated there, clients who expected an emotional change focus (TML 20) seemed to report higher (P3/) satisfaction. Greater P3/Satisfaction was also associated with more therapy sessions and with the perception of a positive (as opposed to detached, P3/TCL 10) and active, empathic therapist (P3/TCL 14). However, a client who perceived the therapist to be directive (P3/TCL 13) and/or who found that characteristic to be helpful (P3/TCH 18), and a client who perceived the use of such methods as emotional change focus (P3/20) or advice and direction (P3/21) seemed likely to feel that they had changed. In the only correlation of perceived (P3/) change with a problem area, a feeling of change was related to third session work on "closet" distress or possible "hysterical" reactions (P3/9).

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Insert Table 5 about here

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The willingness of the client to recommend the therapy experience to others (P3/) seemed related to the expectation of wanting to recommend and to the expectation of change. Expecting the therapist to be active and empathic (TCL 14) seemed related to greater willingness to recommend after three sessions, as did having a female therapist.

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Insert Table 6 about here

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As presented in Table 6 and reported above, when clients had not worked on intrapersonal and self-identity problems (P/1), interpersonal and self-esteem (P/2), or stress-related physical problems (P/3) at their final sessions, they were likely to report greater satisfaction and change and to want to recommend the experience to others. The simplest explanation for these findings was that those three problem areas were the most frequently named ones, and that clients who had "finished" working on them by the final session tended to feel more satisfied. Another possibility was that those problem areas were so broad that they seemed finally to be unresolvable and the clients left somewhat disappointed.

## Conclusion

The results of the present study indicated that few of the problem, therapist, method, or client variables examined were related to satisfaction or the anticipation of satisfaction with therapy. Only two categories of variables were found to be related to satisfaction at any point tested, and those were post-third-

session satisfaction and posttest reports of work on intrapersonal, interpersonal, and stress problems. Thus it appears that client satisfaction is not easily predicted. This finding was not unlike that reported by Gomes-Schwartz (1978), that therapy outcome (measured in terms of therapist and other expert ratings of overall changes and improvement on target complaints, and patient MMPI changes and ratings of improvement on target complaints) was "most consistently predicted by the patient's willingness and ability to become actively involved in the therapy interaction." Differences in therapist behavior seemed to occur but not to influence patients' attitudes toward therapy or the therapist, nor to affect treatment outcomes. Gomes-Schwarz concluded that if patients' abilities to become involved were significantly affected by their expectations about psychotherapy, this might be an appropriate place for intervention. In addition, she suggested that determining therapist behaviors, attitudes or character traits that interact with patient attitudes could have important implications for the "matching" of optimal patient-therapist pairs.

As recommended by Gomes-Schwartz and others, the present study examined client expectations of psychotherapy and their relationship to therapy outcome. It would appear from the present study as well as from previous work that it is possible to find meaningful measures of psychotherapy process and that these may be related to outcomes. Although thus far few variables have been found to be significantly related to the outcomes measured, multivariate combinations of variables may be predictive at least of client satisfaction and should be explored in future research. Continued ef-

forts are needed to determine specific therapist and client variables and their interactions, in order to increase understanding of therapeutic interventions.

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Table 1

Means and Standard Deviations

of Identifying Information

| Variable | Mean | SD |
|---|---|---|
| Age | 22.36 | 4.38 |
| Year (level) in college[1] | 2.91 | 1.26 |
| Expected number of sessions | 3.26 | 7.11 |
| Expected weeks in therapy | 6.62 | 11.74 |
| Number of therapy sessions | 7.25 | 7.28 |
| Number of weeks in therapy | 8.89 | 8.21 |
| Past experience with mental health services[2] | 3.48 | 1.53 |

[1]Freshman = 1, Sophomore = 2, Junior = 3, Senior = 4, Graduate Student = 5.

[2]"Great deal of experience" = 1 to "No experience" = 5, on a 5-point scale.

Table 2

Means and Standard Deviations of Expectations and Perceptions of Satisfaction[1]

| Variable | Mean | SD | N |
|---|---|---|---|
| Pre therapy expectation of satisfaction | 1.60 | 0.80 | 151 |
| Pre therapy expectation of change | 1.56 | 0.73 | 151 |
| Pre therapy expectation of recommending to others | 1.53 | 0.98 | 151 |
| Post therapy satisfaction | 1.19 | 0.86 | 126 |
| Post therapy perception of change | 1.44 | 0.95 | 126 |
| Post therapy recommendation to others | 1.21 | 0.88 | 126 |

[1]On a 5-point scale, from High = 1 to Low = 5.

Table 3

Dimensions of Problems, Therapist Characteristics, and Therapy Methods

| Questionnaire and factors | Percentage of total variance |
|---|---|
| I. Problem Sheet (PROB) | 45.27 |
| 1. Intrapersonal and self-identity problems | 13.23 |
| 2. Interpersonal and low self-esteem problems | 7.26 |
| 3. Stress-related physical problems | 5.38 |
| 4. Academic and work pressures | 3.75 |
| 5. Reactions to other- and self-inflicted harm | 3.53 |
| 6. Problems in living situation, with spouse or partner | 3.28 |
| 7. Weight-related problems | 3.07 |
| 8. Behavioral and chemical abuse problems | 2.94 |
| 9. "Closet" distress or possible "hysterical" reactions | 2.80 |
| II. Therapist Characteristics Likely (TCL) | 45.14 |
| 10. General positive vs. detached | 14.06 |
| 11. General negative vs. receptive | 10.84 |
| 12. Restrained and passive vs. informal | 7.45 |
| 13. Directive | 6.67 |
| 14. Active and empathic | 6.12 |

Table 3 continued

| Questionnaire and factors | Percentage of total variance |
|---|---|
| III. Therapist Characteristics Helpful (TCH) | 41.08 |
| 15. General negative | 18.12 |
| 16. General positive | 10.53 |
| 17. Accepting vs. disapproving | 6.92 |
| 18. Directive vs. nondirective | 5.51 |
| IV. Therapy Methods Likely (TML) | 50.96 |
| 19. Behavioral change focus | 13.12 |
| 20. Emotional change focus | 13.12 |
| 21. Advice and direction | 11.38 |
| 22. Support vs. psychiatric aid | 7.46 |
| 23. Stereotyped analysis vs. consultation | 5.88 |
| V. Therapy Methods Helpful (TMH) | 39.73 |
| 24. Support and emotional change focus | 14.04 |
| 25. Behavioral change focus | 13.81 |
| 26. Advice and direction | 11.88 |

Table 4

Significant Correlations of Pretest Expectations of Satisfaction Items with All Client Measures[1]

| Variable | N | Expectation of Satisfaction | Expectation of Change | Expectation of Recommending |
|---|---|---|---|---|
| TCL 10 | 151 | | | .37*** |
| TCL 14 | 151 | | | .30*** |
| TCH 16 | 151 | | | .42*** |
| TCH 17 | 151 | | | .38*** |
| TMH 24 | 151 | | | .30*** |
| Expectation of change | 151 | .66*** | | |
| Expectation of recommending | 151 | .44*** | .38*** | |
| Experience with mental health services | 151 | .37*** | .34*** | |
| P3/Recommending[2] | 54 | | .30* | .42** |
| P3/PROB 2 | 48 | .38* | .39* | |
| P3/TCL 10 | 54 | | | .32* |
| P3/TCL 11 | 54 | | | -.31* |
| P3/TCL 12 | 54 | | | -.33* |
| P3/TCH 16 | 54 | | | .42** |
| P3/TCH 17 | 54 | | | .38** |

[1] See Table 3 for further descriptions of client measures.

[2] P3/ = Post-third-session measure.

Table 4 continued

*p ≤ .05.

**p ≤ .01.

***p ≤ .001.

Table 5

Significant Correlations of Post-Third-Session (P3/) Satisfaction Items with All Client Measures[1]

| Variable | N | Post-Third-Session (P3/) Satisfaction | Change | Recommending |
|---|---|---|---|---|
| TCL 14 | 54 | | | .31* |
| TML 20 | 55 | .36** | | |
| Sex of Therapist | 54 | | | -.38** |
| Number of sessions | 55 | -.34** | | |
| Expectation of change | 54 | | | .30* |
| Expectation of recommending | 54 | | | .42** |
| P3/Change | 55 | .31* | | |
| P3/Recommending | 54 | .51** | | |
| P3/TCL 10 | 42 | .49** | | |
| P3/TCL 13 | 42 | | .38* | |
| P3/TCL 14 | 42 | .32* | | |
| P3/TCH 18 | 42 | | .37* | |
| P3/TML 20 | 41 | | .54** | |
| P3/TML 21 | 41 | | .30* | |
| Posttest PROB 9 | 55 | | -.40** | |

[1] See Table 3 for further descriptions of client measures.

*$p \leq .05$.

**$p \leq .01$.

***$p \leq .001$.

Table 6

Significant Correlations of Posttest (P/) Satisfaction Items with All Client Measures[1]

| Variable | N | Posttest (P/) Satisfaction | Change | Recommending |
|---|---|---|---|---|
| Post-Third-Session | 48 | | | |
| Satisfaction | | .39** | | |
| Change | | .26* | | |
| Recommend | | | | .25* |
| Posttest | 126 | | | |
| PROB 1: Intrapersonal | | .44** | .52** | .39** |
| PROB 2: Interpersonal | | .41** | .53** | .39** |
| PROB 3: Stress-related physical | | .40** | .37** | .31** |
| P/Change | | .79** | | |
| P/Recommending | | .75** | .77** | |

[1] See Table 3 for further descriptions of client measures.

*$p \leq .01$.

**$p \leq .001$.

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